2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 05, 2003 8:00 am Secretary of State

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1. Entity N	JMENT # P020000 ame e & company, inc.	80634			02-18-2	003 90111 037 *	**150.00	
Principal Place of Business  8068 VIA HACIENDA  PALM BEACH GARDENS FL 33418  Mailing Address  8068 VIA HACIENDA  PALM BEACH GARDENS FL 33418								
2. Principal Place of Business 13. Mailing Address  7.44 N. M. Il tary (au.)  Suite, Apt. #, etc.  Suite, Apt. #, etc.					1 (80)(00)     66((0) (1)() (0)() (	FAIRT BORR BERBY (BRI) (01) 8 (	ilet (1)   100   100	
O gily & Size City & State				☐ CHECK HERE IF MAKING CHANGES				
Falm K			4. FEI Number	417	Applied For			
32410 Goupla A Zip			Country					
	Name and Address of Current Register	mad & mand	<del></del>		5. Certificate of Status Desired	Fee Requ		
	Wante and Address of Current Registe	neu Agent	Name		7. Name and Address of New	Registered Agent		
HOLDSWORTH, MELANIE							·	
8068 VIA HACIENDA :				Address (P.	yddreds (P.O. Box Nurther is Not Acceptable)			
PALM BEACH GARDENS FL 33418								
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8. The above named entity submits this etalogod for the approach for the above named entity submits this etalogod for the approach for the above named entity submits this etalogod for the approach for the above named entity submits this etalogod for the approach for the above named entity submits this etalogod for the approach for the above named entity submits this etalogod for the above named entity submits the above named entities and the above named entity submits the above named entity submits and the above named entity submits and the above named entity submits and the above named entities are not above named entities and the above named entities are not above named entities and the above named entities are not above named entities and the above named entities are not above named entities and the above named entities are not above named entity and the above named								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept signature. Signature, typed or provided name of registered agent and title if applicable.  (NOTE: Registered Agent stoceture registered agent and title if applicable.)								
	FILE NOW!!! FEE IS \$150.00	policacia. (NOTE: F	Registered Agent signs	Iture required wi	nen reinstating)	DATE		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaign Fil Trust Fund Contribution		00 May Be	
10.	OFFICERS AND DIRECTO	ORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DO IN 44	
NAME STREET ADDRESS	PST HOLDSWORTH, MELANIE 8068 VIA HACIENDA	☐ Delete	TITLE NAME STREET ADDRESS	ブフレ		Change		
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CITY-ST-ZIP			STREET ADDRESS City-St-zip					
TITLE		☐ Delete	TITLE	<del></del>				
NAME			NAME			Change	☐ Addition	
STREET ADDRESS	·		STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachmental my an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: // JULIAN II

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECT

☐ Delete

2-10-03

Daytime Phone #

Change

☐ Addition